

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10569157

FILING DATE

APPLICATION

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		2		2			53						
4		2		2			54						
5		2		2			55						
6		2		2			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		2		2			61						
12		2		2			62						
13		2		2			63						
14		2		2			64						
15		2		2			65						
16		2		2			66						
17		2		2			67						
18		2		2			68						
19		2		2			69						
20		2		2			70						
21		2		2			71						
22	1		1				72						
23	1		1				73						
24	1		1				74						
25	1		1				75						
26		4		4			76						
27		4		4			77						
28		4		4			78						
29		4		4			79						
30		3		3			80						
31		4		4			81						
32		4		4			82						
33		4		4			83						
34		2		2			84						
35	1						85						
36	1						86						
37	1						87						
38	1						88						
39		2		2			89						
40		2		2			90						
41		2		2			91						
42		2		2			92						
43		2		2			93						
44		2		2			94						
45		2		2			95						
46		2		2			96						
47		2		2			97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	67	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			73				TOTAL CLAIMS						